

State of Delaware
Group Health Insurance Program
Civil Union Health Plan Rates
Effective July 1, 2017

Employees who cover a civil union spouse and/or civil union spouse's children and all dependents are IRS tax qualified, should refer to the Group Health Insurance Program Rate Sheet Effective July 1, 2017

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
First State Basic PPO <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,438.68	\$1,381.16	\$713.64	\$27.84	\$29.68
J	Emp & IRSNQ Child	\$1,057.02	\$1,014.76	\$347.24	\$27.84	\$14.42
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,798.42	\$1,726.50	\$1,058.98	\$27.84	\$44.08
P	Emp+Child & IRSNQ Spouse	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
R	Emp+Child & IRSNQ Child	\$1,057.02	\$1,014.76	\$347.24	\$42.26	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,798.42	\$1,726.50	\$1,058.98	\$42.26	\$29.66
W	EE & IRSNQ Sp + Qual Child	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
X	Emp & IRSQ Sp+NQChild(ren)	\$1,798.42	\$1,726.50	\$345.34	\$57.52	\$14.40
Y	Emp+Child & IRSNQ SP+QChild	\$1,798.42	\$1,726.50	\$711.74	\$42.26	\$29.66
Z	Emp+Child & IRSQ Sp+NQChild	\$1,798.42	\$1,726.50	\$347.24	\$71.92	\$0.00
Aetna CDH Gold <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,492.22	\$1,417.64	\$733.94	\$35.98	\$38.60
J	Emp & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$35.98	\$18.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$1,117.26	\$35.98	\$58.80
P	Emp+Child & IRSNQ Spouse	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
R	Emp+Child & IRSNQ Child	\$1,099.56	\$1,044.60	\$360.90	\$54.96	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,895.74	\$1,800.96	\$1,117.26	\$54.96	\$39.82
W	EE & IRSNQ Sp + Qual Child	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
X	Emp & IRSQ Sp+NQChild(ren)	\$1,895.74	\$1,800.96	\$383.32	\$74.58	\$20.20
Y	Emp+Child & IRSNQ SP+QChild	\$1,895.74	\$1,800.96	\$756.36	\$54.96	\$39.82
Z	Emp+Child & IRSQ Sp+NQChild	\$1,895.74	\$1,800.96	\$360.90	\$94.78	\$0.00
Aetna HMO <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,530.58	\$1,431.08	\$752.30	\$47.16	\$52.34
J	Emp & IRSNQ Child	\$1,110.52	\$1,038.34	\$359.56	\$47.16	\$25.02
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,909.82	\$1,785.70	\$1,106.92	\$47.16	\$76.96
P	Emp+Child & IRSNQ Spouse	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
R	Emp+Child & IRSNQ Child	\$1,110.52	\$1,038.34	\$359.56	\$72.18	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,909.82	\$1,785.70	\$1,106.92	\$72.18	\$51.94
W	EE & IRSNQ Sp + Qual Child	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
X	Emp & IRSQ Sp+NQChild(ren)	\$1,909.82	\$1,785.70	\$354.62	\$99.50	\$24.62
Y	Emp+Child & IRSNQ SP+QChild	\$1,909.82	\$1,785.70	\$747.36	\$72.18	\$51.94
Z	Emp+Child & IRSQ Sp+NQChild	\$1,909.82	\$1,785.70	\$359.56	\$124.12	\$0.00
Comprehensive PPO <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,647.34	\$1,429.08	\$740.40	\$105.18	\$113.08
J	Emp & IRSNQ Child	\$1,223.46	\$1,061.38	\$372.70	\$105.18	\$56.90
K	Emp & IRSNQ Sp+NQChild(ren)	\$2,059.40	\$1,786.54	\$1,097.86	\$105.18	\$167.68
P	Emp+Child & IRSNQ Spouse	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
R	Emp+Child & IRSNQ Child	\$1,223.46	\$1,061.38	\$372.70	\$162.08	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$2,059.40	\$1,786.54	\$1,097.86	\$162.08	\$110.78
W	EE & IRSNQ Sp + Qual Child	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
X	Emp & IRSQ Sp+NQChild(ren)	\$2,059.40	\$1,786.54	\$357.46	\$218.26	\$54.60
Y	Emp+Child & IRSNQ SP+QChild	\$2,059.40	\$1,786.54	\$725.16	\$162.08	\$110.78
Z	Emp+Child & IRSQ Sp+NQChild	\$2,059.40	\$1,786.54	\$372.70	\$272.86	\$0.00

Note: Enrollment in a medical plan includes enrollment in the prescription program and employee assistance program

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Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
DominionDHMO <i>Administered by Dominion Dental</i>						
I	Emp & IRSNQ Spouse	\$45.62	\$0.00	\$0.00	\$24.52	\$21.10
J	Emp & IRSNQ Child	\$49.16	\$0.00	\$0.00	\$24.52	\$24.64
K	Emp & IRSNQ Sp+NQChild(ren)	\$66.76	\$0.00	\$0.00	\$24.52	\$42.24
P	Emp+Child & IRSNQ Spouse	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
R	Emp+Child & IRSNQ Child	\$49.16	\$0.00	\$0.00	\$49.16	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
W	EE & IRSNQ Sp + Qual Child	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
X	Emp & IRSQ Sp+NQChild(ren)	\$66.76	\$0.00	\$0.00	\$45.62	\$21.14
Y	Emp+Child & IRSNQ SP+QChild	\$66.76	\$0.00	\$0.00	\$49.16	\$17.60
Z	Emp+Child & IRSQ Sp+NQChild	\$66.76	\$0.00	\$0.00	\$66.76	\$0.00
Delta Dental PPO Plus Premier <i>Administered by Delta Dental</i>						
I	Emp & IRSNQ Spouse	\$73.18	\$0.00	\$0.00	\$35.86	\$37.32
J	Emp & IRSNQ Child	\$71.84	\$0.00	\$0.00	\$35.86	\$35.98
K	Emp & IRSNQ Sp+NQChild(ren)	\$119.88	\$0.00	\$0.00	\$35.86	\$84.02
P	Emp+Child & IRSNQ Spouse	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
R	Emp+Child & IRSNQ Child	\$71.84	\$0.00	\$0.00	\$71.84	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
W	EE & IRSNQ Sp + Qual Child	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
X	Emp & IRSQ Sp+NQChild(ren)	\$119.88	\$0.00	\$0.00	\$73.18	\$46.70
Y	Emp+Child & IRSNQ SP+QChild	\$119.88	\$0.00	\$0.00	\$71.84	\$48.04
Z	Emp+Child & IRSQ Sp+NQChild	\$119.88	\$0.00	\$0.00	\$119.88	\$0.00
EyeMed Vision Plan <i>Administered by EyeMed Vision Care</i>						
I	Emp & IRSNQ Spouse	\$10.20	\$0.00	\$0.00	\$6.46	\$3.74
J	Emp & IRSNQ Child	\$10.40	\$0.00	\$0.00	\$6.46	\$3.94
K	Emp & IRSNQ Sp+NQChild(ren)	\$16.78	\$0.00	\$0.00	\$6.46	\$10.32
P	Emp+Child & IRSNQ Spouse	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
R	Emp+Child & IRSNQ Child	\$10.40	\$0.00	\$0.00	\$10.40	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
W	EE & IRSNQ Sp + Qual Child	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
X	Emp & IRSQ Sp+NQChild(ren)	\$16.78	\$0.00	\$0.00	\$10.20	\$6.58
Y	Emp+Child & IRSNQ SP+QChild	\$16.78	\$0.00	\$0.00	\$10.40	\$6.38
Z	Emp+Child & IRSQ Sp+NQChild	\$16.78	\$0.00	\$0.00	\$16.78	\$0.00